

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 91937577	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3	1			1			53					
4					1		54					
5		2			1		55					
6	1			1			56					
7		1			1		57					
8	1			1			58					
9		1			1		59					
10		1			1		60					
11		1					61					
12					1		62					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			4				TOTAL IND.					
TOTAL DEP.			8				TOTAL DEP.					
TOTAL CLAIMS			12				TOTAL CLAIMS					